MULTIPLE D NDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

10/525316

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AF LEAME	TER NDMENT	AFTER	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
3	ļ.:					
	-	1				
5				 		
6						
7		1.				
8						
9						
10						
11 12						
13						
14						
15						
16		1				
17			-			
18		ł				
19						
20 21		1				
22	1	- 1		·		
23	' '	t				
24		_2				
25						
26						
27						
28 29						
30						
31	 	-:				
32						
33						-
34						
35	<u> </u>					
36						
37 38						
39						
40						·
41						
42	·					
43						
44						
45 . 46						
47						
48						
49						
50						
TOTAL END.	4	4		4		+
FOTAL DEP	21	4=		4=		4
TOTAL, CLAIMS	25					

	AS FILED		AFTER		AFTER -	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51					AID.	DEP.
52						
<u>53</u> 54						
55						
56						
57						
58						
59						
60						
61 62						
63						
64 .						
65						
66					· · · · · ·	
67						
68						
.70						
71						
72						9.5
73						
74						
75 76						
77						
78						· · · · ·
79 .						
80					-	
81						
82 83						
84						
85						
86						
87					-	
88						
89 90						
91						
92						
93					·	
94						
95						
96 97						
98						
99						
100					-	
TOTAL IND.		1		4		4
TOTAL DEP.		<u>+</u>		4		4
TOTAL, CLAIMS						

PTO - 1340 (REV. 11/04)

U.S. DEPARTMENT of COMMERCE Fatent and Trademark Office